

State of Illinois  
Department of Children and Family Services

**ADMINISTRATIVE ORDER OF CLOSURE  
-- CONFIRMATION OF HAND-DELIVERY**

**Date Administrative Order of Closure was issued:**

**Person(s) to whom Administrative Order of Closure was hand-delivered** (Include name, relationship to facility, and address where delivered):

**Department/Agency staff persons present:**

Delivered by (name, address, phone number):

Witnessed by (name, address, phone number):

**Other persons present at delivery (names, relationship to facility):**

**Certification of delivery:** I hereby certify that on this date I hand-delivered a facimile (fax) copy of the above-referenced Administrative Order of Closure to the person(s) indicated above.

Date: \_\_\_\_\_

**Certification of witness:** I hereby certify that on this date I witnessed the hand-delivery of the above-referenced Administrative Order of Closure to the person(s) indicated above.

Date: \_\_\_\_\_

cc: